Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name THORNTONS #1 Address 2250 STATE STREET, NEW ALBANY IN 47150 Owner THORTONS LLC Owner's Address | | | | | | Telephone Number Est 812/949-2035 Own 502-425-8022 Purpose X Routine Follow-up | | Date of Inspection 08/05/2020 Follow Up | ID# Released 08/05/2020 |
|---|-------------|--|-------------------|---|--|---|--|--|--------------------------|
| 2600 JAMES THORNTON WAY LOUISVILLE, KY 40245-5329 Person in Charge DEREK HAMMOND Responsible Person's Email ADRIAN.BUTTS@MYTHORNTONS.COM Certified Food Handler BILLIE SHEPPERS | | | | | | - - - | Complaint Pre-Operational Temporary HACCP Other (list) | Menu Type 1 2 _X 3 4 5 | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" | | | | | | | | | |
| ection # C NC R Narrative To Be Corrected | | | | | | | | | |
| 415 X 177 297 347 433 | X X X | | observed gnats in | of food stored of up on edges of handsink witho | on freezer flot lobby ice chout hand dryi | oor. utes ng p | and lobby tea filter bulb. | 1 WEEK CORRECTORRE | CTED CTED CTED |
| Summary of Violations C 1 NC 4 R 0 | | | | | | | | | |
| Received by (name and title printed): | | | | | | Inspected by (name and title printed): | | | |
| DEREK HAMMOND | | | | | | A.J. Ingram CHIEF FOOD SPECIALIST | | | |
| Received by (signature): | | | | | | Inspected by (signature): | | | |
| cc: | | | | cc: | | . — <u>—</u> | | cc: | |